

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NC
09/250,769	02/15/99	514	1614	P03496US1

APPLICANT

RICHARD E. OSTLUND JR., ST LOUIS, MO.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 09/034,561 05/26/98 Pat. No. 5,932,562

*[Signature]*

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED *[Signature] NONE*

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED *[Signature] NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 16	INDEPEN CLAIMS 3
Verified and Acknowledged <i>[Signature]</i> Examiner's Initials _____					

ADDRESS

EDMUND J SEASE  
801 GRAND AVENUE  
SUITE 3200  
DES MOINES IA 50209

TITLE

SITOSTANOL FORMULATION WITH EMULSIFIER TO REDUCE CHOLESTEROL  
ABSORPTION AND METHOD FOR PREPARING AND USE OF SAME

FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext.) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/250,769		FILING DATE 02/15/99	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. P03496US1	
APPLICANT	RICHARD E. OSTLUND, ST LOUIS, MO.					
	**CONTINUING DOMESTIC DATA***** VERIFIED THIS APPLN IS A CIP OF 09/084,561 05/26/98					
	**371 (NAT'L STAGE) DATA***** VERIFIED					
	**FOREIGN APPLICATIONS***** VERIFIED					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99 ** SMALL ENTITY **						
Foreign Priority claimed 35 USC 119 (a-d) conditions met			<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 16
Verified and Acknowledged			Examiner's Initials	Initials	INDEPENDENT CLAIMS 3	
ADDRESS	EDMUND J SEASE 801 GRAND AVENUE SUITE 3200 DES MOINES IA 50209					
	TITLE SITOSTANOL FORMULATION WITH EMULSIFIER TO REDUCE CHOLESTEROL ABSORPTION AND METHOD FOR PREPARING AND USE OF SAME					
FILING FEE RECEIVED  \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		